

# SAMPLE SURVIVING SPOUSE EVR with children

FIRST, MIDDLE, LAST NAME OF VETERAN <b>JOSEPH A. VETERAN</b>		<b>Department of Veterans Affairs</b>	
FIRST, MIDDLE, LAST NAME OF SURVIVING SPOUSE <b>VIRGINIA FAYE VETERAN</b>		<b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT</b> <b>(Surviving Spouse with Children) 9S</b>	
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE <b>123 Main St Apt 3 YourTown WI 53201</b>		VA FILE NUMBER <b>123 45 6789</b> <hr/> VA REGIONAL OFFICE RETURN ADDRESS VA PENSION CENTER PO BOX 342000 MILWAUKEE, WI 53234-9907	
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.			
1A. YOUR SOCIAL SECURITY NUMBER <b>234 56 7890</b>		1B. VETERAN'S SOCIAL SECURITY NUMBER <b>123 45 6789</b>	
1C. YOUR DATE OF BIRTH (Month, Day, Year) <b>3-15-1923</b>			
2. MARITAL STATUS (Check only one box) (1) <input checked="" type="checkbox"/> I HAVE NOT MARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.) (2) <input type="checkbox"/> I REMARRIED ON (DATE) _____ AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the day you married your current spouse.) (3) <input type="checkbox"/> I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (DATE). (You remarried but you are not currently married. Show the date your latest marriage ended.)			
3A. UNMARRIED DEPENDENT CHILDREN (Read Paragraph 1 of the EVR Instructions)			
FULL NAME OF EACH CHILD <i>(First, middle initial, last)</i>	DATE OF BIRTH <i>(Mo., day, yr.)</i>	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)
			UNDER 18 YEARS OF AGE      OVER 18 AND UNDER 23, AND ATTENDING SCHOOL      ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS
<b>Amelia</b>	<b>3-15-07</b>	<b>345 67 8901</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>William</b>	<b>5-31-05</b>	<b>456 78 9012</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3B. UNMARRIED DEPENDENT CHILDREN LISTED IN 3A WHO DO NOT LIVE WITH YOU			
NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
<b>Amelia</b>	<b>289 Main St Milwaukee WI 53201</b>	<b>Margaret Smith</b>	<b>500.00</b>
<b>William</b>	<b>289 Main St Milwaukee WI 53201</b>	<b>Margaret Smith</b>	<b>500.00</b>
4A. ARE YOU A PATIENT IN A NURSING HOME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)		4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please Include ZIP Code) <b>Morning Glory Center 123 Main St (414) 123 4567 YourTown WI 53201</b>	
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME <b>4/1/08</b>			
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," write in the VA file number of the other benefit)			

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)						
GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.)						
SOURCE	SURVIVING SPOUSE		CHILD: <u>AMELIA</u>		CHILD: <u>WILLIAM</u>	
SOCIAL SECURITY	<u>550.00</u>		<u>400.00</u>		<u>400.00</u>	
U.S. CIVIL SERVICE	<u>0.00</u>		<u>0.00</u>		<u>0.00</u>	
U.S. RAILROAD RETIREMENT	<u>0.00</u>		<u>0.00</u>		<u>0.00</u>	
BLACK LUNG BENEFITS	<u>0.00</u>		<u>0.00</u>		<u>0.00</u>	
OTHER RETIREMENT	<u>600.00</u>		<u>0.00</u>		<u>0.00</u>	
OTHER (Show Source)	<u>0.00</u>		<u>0.00</u>		<u>0.00</u>	
OTHER (Show Source)	<u>0.00</u>		<u>0.00</u>		<u>0.00</u>	

  

7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)						
If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.						
NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.						
SOURCE	SURVIVING SPOUSE		CHILD: <u>AMELIA</u>		CHILD: <u>WILLIAM</u>	
	FROM: <u>11/1/09</u> THRU: <u>12/31/09</u>	FROM: <u>1/1/10</u> THRU: <u>12/31/10</u>	FROM: <u>11/1/09</u> THRU: <u>12/31/09</u>	FROM: <u>1/1/10</u> THRU: <u>12/31/10</u>	FROM: <u>11/1/09</u> THRU: <u>12/31/09</u>	FROM: <u>1/1/10</u> THRU: <u>12/31/10</u>
GROSS SALARY OR WAGES FROM ALL EMPLOYMENT	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>\$ 0.00</u>
TOTAL INTEREST AND DIVIDENDS	<u>5.00</u>	<u>10.00</u>	<u>1.00</u>	<u>1.00</u>	<u>1.00</u>	<u>1.00</u>
ALL OTHER (Show Source)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
ALL OTHER (Show Source)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

  

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)

☒ YES ☐ NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)

7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed.)	7F. HOW DID INCOME CHANGE? (Tell what happened; for example, quit work, got raise, received inheritance)
<u>SSA</u>	<u>1/09</u>	<u>COLA</u>
<u>MILITARY PAY</u>	<u>1/09</u>	<u>COLA</u>

  

7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)			
SOURCE	SURVIVING SPOUSE	CHILD: <u>AMELIA</u>	CHILD: <u>WILLIAM</u>
CASH/NON-INTEREST-BEARING BANK ACCOUNTS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
INTEREST-BEARING BANK ACCOUNTS	<u>1,000.00</u>	<u>500.00</u>	<u>500.00</u>
IRA'S, KEOGH PLANS, ETC.	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
STOCKS, BONDS, MUTUAL FUNDS, ETC.	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
REAL PROPERTY (Not your home)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
ALL OTHER PROPERTY	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

  

8. FAMILY MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions)

Show amounts paid by you during the last 12 months. DO NOT REPORT CHILDRENS' EXPENSES. \$ 0.00

10. FAMILY MAINTENANCE (HARDSHIP) EXPENSES FOR NEXT 12 MONTHS (Read Paragraph 8 of the EVR Instructions)

Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. \$ 0.00

11A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing) <u>Virginia J. Veteran</u>	11B. DATE <u>3/31/10</u>
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11C. TELEPHONE NUMBERS (Include Area Code)	
DAYTIME <u>(414) 123 4567</u>	EVENING <u>(414) 123-4567</u>

PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.